



2024-2025 Application for Section 105 Schools of Choice

Applicants must reside within the Kalamazoo Regional Educational Service Agency (KRESA) boundaries.

Community Schools

Applications are due from April 29, 2024 8:00 a.m. – May 28, 2024, 4:00 p.m.

INSTRUCTIONS – One application for each student, to be completed by the child’s parent or legal guardian. The completed application must be returned to Gull Lake Community School District, Office of the Superintendent, located at 10100 East D Avenue, Richland, Michigan 49083. Questions regarding this form may be directed to Cindy Belz at 269-548-3423 or cbelz@gulllakecs.org or Danelle Wheeler at 269-548-3406 or dwheeler@gulllakecs.org.

Building: High School _____ Middle School _____ Ryan _____ Richland _____ Kellogg _____ Virtual _____

Do you have a sibling already attending a school in the district? _____ Name _____

SECTION I (Please print)			
Student’s Name (Last, First, Middle)	Date of Birth	<input type="radio"/> Female <input type="radio"/> Male	Grade in Fall 2024
Student’s Address	City		Zip Code
Student’s Resident School District	Specific Name of Current/Most Recent School Attended		
Parent/Guardian Name (Last, First, Middle Initial)	Telephone Number and Email		
Parent/Guardian Address	City		Zip Code

SECTION II	
1. Reason for transfer?	
2. Special Education services required? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain and provide a copy of the most recent IEP:
3. Has the student ever been expelled from school for any reason? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain:
4. Has this student been suspended from school for any reason during the past two years? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain:
5. Are all immunizations current? <input type="radio"/> Yes <input type="radio"/> No	If no, please explain:

SECTION II (please read carefully before signing)	
<ul style="list-style-type: none"> By signing below, I agree to hold harmless each participating school district, their employees and their Board of Education members for any decision in the selection process, potential or actual participation as a Section 105 Schools of Choice student relative to academic, co-curricular participation, student discipline related to behavior and all other aspects of participation as a member of a student body. It is further understood that transportation for non-resident students will be provided by the parent/legal guardian. I also consent to have all student record information (including academic and behavioral records) released to Gull Lake Community Schools from the school district previously attended. I further understand that incomplete, false or misleading information will render this application null and void and may result in a removal of the student from the Schools of Choice Program and Gull Lake Community School District. 	
_____ Signature of Parent / Legal Guardian	_____ Date